CATHOLIC BISHOPS CONFERENCE OF INDIA

COMMISSION FOR HEALTH CARE APOSTOLATE

# HEALTH POLICY OF THE CHURCH IN INDIA

## GUIDELINES

## CBCI COMMISSION FOR HEALTH CARE APOSTOLATE

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Health Policy of the Church in India

Guidelines



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# FOREWORD

The Health and Healing Ministry of the Catholic Church in India has been growing in variety and magnitude over the years. Many are the institutions and services being operated by the generous persons who have dedicated themselves to this area of Christian work. The Church has responded to the health care needs of the country to a remarkable degree. Yet, the fact remains that the health needs of this vast and poor country are only partially met. The existing picture as depicted by the National Health Policy Document of the Government of India constitutes a cause for serious and urgent concern. "The mortality rates for women and children are still distressingly high, almost one-third of the total deaths occur among children below the age of 5 years, infant mortality is around 129 per thousand live births. Efforts at raising the nutritional levels of our people have still to bear fruit and the extent and severity of malnutrition continue to be exceptionally high. Communicable and non-communicable diseases have still to be brought under effective control and eradicated. Blindness, leprosy and T.B. continue to have a high incidence. Only 31% of the rural population has access to potable water supply and 0.5% enjoys basic sanitation".

In this situation the Church has to face more challenges. She has to do much more than what she has been doing already. Her limited resources in money material and people have to be more judiciously utilized by avoiding all possible waste, unnecessary duplication of facilities and services, and dissipation of resources. This warrants better planning for a more comprehensive and co-ordinated development of our health care activities. So far, the growth of our Health Ministry has been spontaneous and in response to specific local needs and at the initiative and drive of specific institutions or individuals. And as such our institutions and services are independent, autonomous and dissimilar in many respects.

Health care is an area which has many legal, socio-economic, political, moral and religious implications.

Hence, there is a need for some definite policy guidelines from both the State and the Church. As for the State, the Government of India has already brought out its Health Policy Document. The Catholic Church being the largest sector in the nation's health care system next only to the government, a health policy document of her own to augment the Government's Health Policy has been a desideratum.

The past decade has seen many concerted efforts at evolving a set of policy guidelines. Individuals and organizations have spent quite sometime, energy and money for this purpose. Special mention needs to be made here about the deliberation held in 1985 in the Catholic Bishops Conference of India (CBCI) on this question and its working paper entitled the Health Policy of the Catholic Church in India, the Health Policy Guidelines (Draft) brought out subsequently by the Catholic Hospital Association of India, and the Mini Consultation on Health Policy for the Church in India jointly organized by the CBCI Commission on Health and the Justice, Peace development Commission, in February 1990 at St. John's Medical College, Bangalore, and the Guidelines for A Health Policy For the Church in India brought out by the "Mini Consultation". The establishment of a special Commission for Health Care Apostolate in the CBCI itself was a significant step in this connection. So also, the work done by the St. John's Medical College, Bangalore, the Catholic Hospital Association of India and many others should not go unacknowledged. But for the above-mentioned efforts and initiatives the present policy document could not have been formulated.

This document entitled "Health Policy of the Church in India: Guidelines" is placed in the hands of all those who are working in the Health and Healing Ministry of India for their serious consideration and objective response. It does not aim at contradicting any of our previous documents, but, on the contrary, is the consolidation and culmination of all our previous thoughts and deliberations.

I am conscious of the imperfections of this document. It is a first step. Constant review and improvements have to

be made in the light of our experience as we try to implement the guidelines.

Most Rev. Joseph G Fernandez
Chairman
CBCI Commission for Health Care
Apostolate

Quilon

01.01.1992

## CONTENTS

# HEALTH POLICY OF THE CHURCH IN INDIA
# GUIDELINES

## PREAMBLE

The Catholic Church has been rendering immense service to the people of our country in the field of health. Large numbers of dedicated people, whether religious, priests or lay persons are involved in this humane endeavour. Many health care facilities have been established throughout the country. That it is a felt need is shown by the enormous growth and development of the number and activities of these institutions. We have about 3000 such health care facilities, mostly small, mostly rural. They have played and are playing a significant role in the care of the sick, prevention of illness and, to some extent, rehabilitation.

The situation of health of the people is unacceptable and calls for quantitative and qualitative changes. The objective of the Healing Ministry of the Church has to be to respond to all those who are in need of healing, bringing about health, healing and wholeness. We have to transform our health care services so that they are more and more sensitive to the needs and committed to serve the poor. We have to go beyond the confined of an institutions, if we are to help the total person and the community in attaining and maintaing health.

The guidelines proposed here are given in the hope that they will help all the people of the church involved in the Healing Ministry to reflect on the policies of:

* what is being done by them (the present),
* what should be done (the future),
* whether there is need for new directions, and
* how one should go about it (the process).

It is also hoped that these guidelines will be useful for all others engaged in improving the health of the people of the country.

## Why should we serve?

The Christian involvement in the Healing Ministry comes from the example of Christ. "He (Christ) went about healing every disease and every infirmity" – Mathew 4:23. When asked by the disciples of John, Jesus answered "Go and tell John what you hear and see: the blind receive their sight and the lame walk, lepers are cleansed and the deaf hear and the dead are raised up and the poor have thegood news preached to them" – Mathew 11:4,5. We have a mandate from Christ, the Great Physician to participate in the Healing Ministry: "Heal the sick, raise the dead, cleanse lepers and cast out demons"– Mathew 10:3. This mandate is to proclaim the "Good News" that God loves every human being unconditionally, from the moment of conception. Every Human life created in the image and likeness of God is to be considered as of inestimable value and dignity, even when it is disrupted by illness, injury or disability.

Christians consider the human being as a marvellous work of Divine Creation, to be the very image of God. The human person is a body living with spiritual life open to share in the eternal life of God. The Christian health workers co-operate with God, helping the people to live a fuller life.

## Whom should we serve?

Jesus healed all who sought his help. He often went out of the way to reach those who needed His help. Jesus has told us how to make our options. "In so far as you did this to one of the least of these brothers of mine, you did it to me" – Mathew: 25:40.

## India's health policy

Our efforts must supplement the efforts made by other agencies and particularly the Government. It is the duty of the Government to provide health care as per the Directive Principles of the Constitution. The Governmental health care efforts are, by far, the largest. It is therefore necessry to be aware of India's Health Policy. If our policies of health care

are to bear greater fruit, we must fall in line with the Government's policy, wherever that is good and possible and try to change that policy if unacceptable.

India's health policy (1982) says: "The constitution of India ..... aims at the elimination of poverty, ignorance and ill health and directs the state to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, securing the health and strength of the workers, men and women, specially ensuring that children are given opportunities and facilities to development in healthy manner".

Vast numbers of our people are denied health and access to health care services. There is urgent need for more distributive justice in health care. The thrust of our efforts has to be more and more in Community Health, creating awareness by the people and enabling them to attain and maintain health.

We are in a unique position to be pace setters. We should try innovative measures. If they succeed, Government and other agencies can adopt or adapt them.

# THEOLOGICAL FOUNDATIONS

The church is involved in health care ministry in order to fulfil the basic mandate she has received from her Lord: to proclaim God's healing and redemptive love for every human being. Catholic health care institutions are there to proclaim this love, loud and clear, to every one whose life is distrupted by illness, death, bereveament or grief. Thus the main goal of the healing ministry of the Church is the proclamation of the Good News that life is worth living because it is a gift from God who is the Father of all, irrespective of caste, creed or colour of the skin. Just as the church is a sacrament (the primordial sacrament)- because it is the continuation of Christ's presence in the world, the health care institutions are the visible expressions of the healing and redemptive love of God revealed in Jesus Christ. As Richard A. McCormick says:

> The Church, the extension of Christ's presence, is in the business of spreading this good news. To spread the good news means to do all those things that remind us of who we really are. We are reminded of our true worth by being treated in accordance with this dignity ..... Hence the Church's proclamation is necessarily action. The Church is in the health care apostolate because it is a most concrete and effective way of communicating to human beings their worth that is, the good news.

This ministry is accomplished meaningfully when the Church provides integral care of the whole person, taking into account his/her physical, psycho-social and spiritual needs, although the main focus in health care ministry will be on the physiological and mental needs of health. This is how Christ's healing power and comforting love are brought to people when they are ill.

The proclamation of the Good News (communicating to human beings their worth), thus, should take place through health care, and not just in the context of the health care.

In other words, it is through the care with which each person is looked after or helped by all those who are involved in health care ministry that the person should realize that their life is a precious gift from God. In choosing life, we choose health and well-being.

Important for our well-being is the need for constant contact with the source of our being. Jesus set people free from all that stood in the way of life and health. There is need for restoration of relationships and harmony. Disharmony bring about brokenness. It leads to lack of well-being.

# 1. CHRISTIAN HEALTH CARE APOSTOLATE

**Definition:** A Christian Health Care Apostolate is a CARING SERVICE and ENABLING PROCESS, Christ centred, deriving its inspiration and guidance for values and action from Jesus Christ, the Supreme Healer.

**Atmosphere:** The Christian Health Care Apostolate tries to bring in an atmosphere of harmony within oneself, between the people, the surroundings and God. There is an atmosphere of peace and prayer and a commitment to justice and brotherhood.

**Policy:** The Christian health care exhibits love, compassion, commitment and sacrifice. The Christian response to ill-health and sickness is the healing of the total person–physical, psychological, social and spiritual. The Christian health care facility provides humanizing care, considering the dignity of the person and the needs of the society.

**Strategy:**

1. Reflects constantly on the Christian mission of healing and the Christian understanding of health, healing and wholeness.
2. Has well defined objectives, with compassion for all.
3. Creates awareness among all persons involved in the Healing Ministry that Christ is present using His ministers to bring about healing.
4. Ensures competence, quality of care and cost-effectiveness, minimising the burden on the patients, their families and the community.
5. Helps the patients and their families to transform the experience of sickness and healing into one of personal growth and development.
6. Celebrates the presence of Christ through the sacraments.

7. Serves preferentially the poor and marginalised.
8. Co-operates with Governmental and other agencies.
9. Observes all the ethical norms according to professional ethics and the teachings of the church.
10. Transmits, by example, the christian vision of care, in the pluralistic society.

## 2. PERSONNEL

**Situation:** Large numbers and categories of personnel are involved in health care, whether it be in hospitals, health centres, parishes or community. There is always shortage of dedicated, competent, qualified and experienced personnel.

**Policy:** More and more committed persons will be encouraged to participate in health care so that the health care institutions and services will have adequate numbers of personnel of the different categories, with proper qualifications, competence and compassion. All personnel will be treated with respect. A sense of belonging will be created. Each person is aware of his/her duties and responsibilities.

We believe in the dignity and worth of all personnel, just as all personnel working in our institutions and outside them believe in the dignity and worth of all patients and their families.

**Strategy:**

1. Encourages more and more persons to participate in the Healing Ministry.
2. Exercises sufficient care to recruit and appoint only those who have the requisite training and subscribe to and enhance the realization of the objectives.
3. Gives to each person a written statement of duties and responsibilities, service rules and leave rules.
4. Provides promotional avenues and training to make persons suitable for the higher posts.
5. Gives reasonable salaries on par with the pay scales for personnel in other institutions of similar kind.
6. Has a grievance redressal procedure and open channels of communication.
7. Administers employee benefits without discrimination and has staff welfare schemes.

8. Appreciates good work and corrects poor performance.
9. Engenders a sense of participation and teamwork.
10. Is committed to christian values in inter-relationships at all levels.

# 3. TRAINING

**Definition:** Training fills the gap between the actual and expected levels of knowledge, skills and attitude.

**Situation:** Health services require well-trained personnel. The training needs to be continued throughout their period of service to update knowledge, skills and attitude.

We have colleges and schools for training doctors, nurses, radiographers, laboratory technicians, community health workers and others. But the numbers being trained are not adequate. There are constraints on giving quality training.

**Policy:** We will continue and enhance the training of health workers at every level. It should be relevant. Stress should be laid on values. Competency based training should include training in communication, tackling social problems, planning and management at appropriate levels.

Continuing education is necessary for all persons working in the field of health.

Our institutions and organisations engaged in training must be pacesetters and innovators, guiding and supporting the health care activities of the church and the country.

**Strategy:**

1. Assesses the role and utilises the services of institutions engaged in training.
2. Undertakes, according to facilities available, the training (formal and nonformal) of various categories of health personnel, patients and public.
3. Ensures that the training is relevant and value-based.
4. Gives social orientation of health workers.

5. Where necessary and possible, conducts the training in the local languages.

6. Develops new categories of health workers to meet unmet needs.

7. Participates in continuing education and provides in-service training.

8. Promotes self-learning among all the health workers.

9. Makes available health care manuals to ensure effective care.

## a. MEDICAL EDUCATION

**Situation:** Considerable dissatisfaction exists in the training of doctors (including dental Surgeons) in the country particularly with respect to holistic healing and community health.

**Policy:** We will review constantly medical (and dental) education, to make it more relevant and serve the people. It has to be more community based and responsive to the needs of the people. The approach will be for holistic, comprehensive healing and positive health.

**Strategy:**

1. Encourages the staff of all disciplines and the students throughout their education to be more fully involved in Community Health, understanding the socio-politico-economic situation of the country in general and the local situation in particular.

2. Motivates the future graduates to serve in the under-served areas of the country and to be agents for promotion of health.

3. Encourages placement of graduates in rural areas for a stipulated period after graduation and even beyond the stipulated period.

4. Gives emphasis on values in education and ethics, including social justice and fairness. Makes available

books on medical and bioethics for the use of staff and students.

5. Reviews the curriculum constantly to make education relevant to meet the needs of the present and the future.

6. Utilises modern methods of more effective learning.

7. Updates knowledge, skills and attitude by continuing education.

8. Realising the services rendered by sister doctors even in remote areas in the country, gives priority for the training of religious sisters in the medical colleges.

9. Provides support for the medical students and doctors (Catholic and others) in non-Catholic Medical Colleges.

## b. NURSING EDUCATION

**Situation:** We have schools and colleges of nursing. But they are not enough. There is a great dearth of qualified nurses.

There has been a change in curriculum, course and content in the diploma course in nursing.

**Policy:** We welcome the greater emphasis placed on Community Helath in Nursing Education.

We will encourage the training of larger numbers of nurses.

**Strategy:**

1. Makes optimum use of the newer curriculum for more relevant training of nurses to meet the health needs of the people.

2. Provides facilities in rural areas and urban slums for the training, which will also help in better service.

3. Makes better use of the training in health care institutions to develop compassionate and competent care.

4. Emphasizes values in education and ethics in nursing.

5. Provides continuing education to update knowledge, skills and attitude.
6. Utilises modern techniques of improved learning.
7. Helps in increasing the number of trained nurses.

## c. ALLIED HEALTH CARE PERSONNEL

**Definition:** Allied health care personnel include a large number and types of trained persons, including pharmacists, radiographers, technicians, physiotherapists, occupational therapists, community health workers and others.

**Situation:** There is dearth of qualified and committed persons in all categories.

**Policy:** More and better trained personnel, relevant to the needs, will be made available.

**Strategy:**

1. Assesses the needs of the various categories of health personnel for the present and the near future.
2. Provides more training facilities, to the extent possible.
3. Improves the quality of training to make it relevant.
4. Ensures that all personnel imbibe the philosophy of community health and the need for compassionate and competent care.

## d. PRIESTS, AND RELIGIOUS

**Situation:** The Church in India has a very large number of the religious and priests involved in health care, whether it be in the community or in institutions.

**Policy:** In order to have greater and better participation, the religious and seminarians will be given training in health care, especially primary health care, community health and ethics, reflecting on the theological and biblical basis of health care.

**Strategy:**

1. Provides for the training of seminarians and the religious during the formation years.
2. Designs the curriculum for the training of seminarians and the religious to include the philosophy, and theology of health, healing and wholeness and medical and bio-ethics.
3. Trains them in the practical ways of implementing total health care.
4. Conducts in-service orientation programmes and updating for priests and religious.
5. Makes use of the various training programmes in the country, if found suitable.

## 4. a. PRIMARY HEALTH CARE

**Definition:** "Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination"— Alma Ata Conference, 1978.

**Policy:** Our health care services will get involved in primary health care, particularly in the rural areas and urban slums. They can also function as referral centres, supportive of primary health care.

**Strategy:**

1. Reflects on the role of hospitals and other health care institutions in primary health care.
2. Works towards making each person and family an agent for change, promoting health and nutrition.
3. Participates in all activities for prevention of illness.
4. Provides care for all ordinary ailments.
5. Reaches out to people in remote areas.
6. Refers to the hospital in the neighbourhood, when found necessary.
7. Inculcates the philosophy of primary health care in all the staff, irrespective of level of care.

## b. COMMUNITY HEALTH

**Definition:** Community health is a process of enabling people to exercise collectively their rights and responsibilities to attain and maintain their health.

**Policy:** The health care apostolate goes beyond the curative and preventive aspects of health care and reaches out to

the society to promote health of the people, joining with them in their efforts to attain a more just society for better health and based on gospel values.

**Strategy:**

1. Engages in an analysis of the society, to understand it in its totality.
2. Mobilises and supports clubs, sanghas, mahila samitis and other associations with social and health objectives.
3. Participates in health education and promotive and preventive programmes taking a geographical unit, ensuring 100% coverage.
4. Involves people of the area in the planning and operational phases.
5. Integrates various systems of medicine and other measures for regaining health.
6. Supplements and supports programmes for better health of government and other agencies in the community.
7. Responds to the call for preferential option for the poor in today's socio-economic-political context.

# 5. MENTAL HEALTH

**Situation:** The number of people affected by mental illness or mental retardation is very large. This is a problem which is often neglected. Most ill health has psychosocial components.

The number of suicides and attempted suicides is on the increase.

**Policy:** The positive aspects of mental health and primary prevention will get our attention. The management of the mentally retarded and mentally ill and the psychosocial problems will receive greater attention by our health care services.

**Strategy:**

1. Prevents mental health problems by good pre-natal, intranatal and postnatal care.
2. Provides counselling for the individual and the family.
3. Whenever possible, have centres to deal with psychological and psychiatric problems.
4. Integrates mental health care with all other aspects of health care and with primary health care and community health.

# 6. SOCIAL HEALTH

**Background:** Social, economic, cultural and political factors play an important role in the health of the individual, the family and the community. The human environment affects social health. Positive attitudes towards oneself and the environment lead to social health. Disharmony and stress conflicts lead to social ill health.

The fight against ill health is often a fight against poverty.

**Policy:** Recognising the need for social health, as an important component of wholeness and wellbeing, we will do everything possible to reduce social conflicts and disparities, bringing about harmony with oneself, the family, the neighbours and the community.

**Strategy:**

1. Recognises the role of social health in the total well-being.
2. Reduces social tensions and conflicts.
3. Helps the individual, family and community to cope up with the problems.
4. Brings about harmony.

# 7. ENVIRONMENT

**Situation:** The quality of the environment is important in determining health. The situation in most places is intolerable. There is wanton interference with nature. Trees are cut down; forests are destroyed. The ecology is affected. There is indiscriminate use of insecticides and pesticides.

Rapid industrialisation and urbanisation degrade the environment. There is pollution of air and water. Industries discharge their effluents and fumes into water and air. There is noise pollution.

The hazards of radiation are increasing with the development of nuclear energy for power for industries.

**Policy:** We will create awareness among the people and decision-makers of the dangers of pollution, degradation of the environment and radiation. We will take measures to prevent and reduce these hazards to health.

**Strategy:**

1. Creates awareness among the people of the dangers and the need for a healthy environment.
2. Initiates and participates in movements for a better environment.
3. Understands the critical role of community participation in improving the environment.
4. Makes surveys of the environment and takes measures to prevent health hazards.
5. Keeps in view the health aspect in all developmental programmes.
6. Helps in improving the environment of the urban slums.

# 8. SPIRITUALITY AND HEALTH

**Introduction:** Care of the whole person needs spiritual care to be an integral part. Spirituality is well sought after in India. Health care facilities should make use of this innate feeling towards spirituality to bring about holistic healing. True spirituality is expressed in and through service.

**Policy:** Health care apostolate fosters spirituality in the patients, staff and people in the community bringing about healing relationships. The total good of the patients, their families and the community will be the goal. The spiritual needs, especially at times of crisis, will be attended to.

**Strategy:**

1. Gives a proper orientation to all the staff, to provide for and respect the need for spirituality.
2. Emphasises the divine aspects of healing, and the efficacy of prayers; prays for the patient and with the patient.
3. Inculcates the knowledge and faith that God cares for each person.
4. Appoints trained chaplains, who will be members of the healing team and responsible for the sacraments.
5. Organises a department of spirituality and pastoral care.
6. Constitutes a pastoral advisory committee with membership drawn from different disciplines. The committee will work for the total good of the patients and the staff and their families.
7. Assists families at the time of bereavement.
8. In the case of patients belonging to other faiths, the chaplain and their personnel help them in receiving spiritual consolation according to their faith.

# 9. AREAS OF SPECIAL CONCERN

**Introduction:** The situation in India is such that we have a large preponderence of diseases of poverty, while the newer diseases of modernization, stress and affluence are coming up more and more and demanding greater attention. We must continue to focus our attention on the more basic areas of concern in our country.

## (1) INFECTIOUS DISEASES:

**Situation:** Infectious diseases, caused by viruses, bacteria, parasites and worms, account for the largest number of deaths and diseases in our country. Diarrhoeas and acute respiratory infections take their toll in infancy and childhood. Malaria, filariasis, typhoid, amoebiasis and other infectious diseases are rampant.

**Policy:** Our health care institutions will continue to give emphasis to the management of infectious diseases. We will promote all activities which will reduce the incidence and prevalence of such diseases.

**Strategy:**

1. Takes all measures to effectively fight infectious diseases.
2. Prevents spread of infection by health education and other simple measures.
3. Follows up immunization programmes vigourously against the common, preventable, infectious diseases. Participates fully in the Universal Immunization Programme.
4. Takes measures to see that good drinking water is available and sanitation is improved.
5. Has diarrhoea corners, where oral rehydration can be carried out for children with diarrhoeas.

## (2) TUBERCULOSIS:

**Situation:** We have not been able to control tuberculosis. The prevalence and the incidence tuberculosis continue to be unacceptably high.

**Policy:** We will treat patients with tuberculosis, using the accepted regimes of treatment. We will collaborate with Government and other agencies to reduce the incidence and prevalence of this disease which continues to take heavy toll.

**Strategy:**

1. Ensures complete coverage by B.C.G. vaccination.
2. Participates in the national tuberculosis control programmes.
3. Focuses attention on case findings and case holdings.
4. Ensures complete treatment using appropriate regimes of management so that resistance does not develop.
5. Takes measures to ensure availability of anti-tuberculosis drugs.
6. Imparts patient and health education to patients and their families, to control spread of infection.
7. Participates in campaigns to remove the root causes which are social and economic.

## (3) LEPROSY:

**Situation:** India has the largest number of patients with leprosy. The management of leprosy patients has been historically a Christian response. With the multidrug regimen, treatment is holding great hopes of controlling and, possibly, eradicating the disease.

**Strategy:**

1. Participates in the national leprosy eradication programme.

2. Provides adequate treatment for patients with leprosy.
3. Admits patients with leprosy to the wards, if they require treatment for other medical or surgical problems.

**(4) BLINDNESS:**

**Situation:** India has a large number of blind persons. Most of it is preventable. Millions of children go blind because of Vitamin A deficiency.

**Policy:** Our health care apostolate will participate actively in preventing and treating blindness and taking other measures, where indicated.

**Strategy:**

1. Participates in the programmes for control of blindness.
2. Takes part in removal of cataract and other operations.
3. Prevents blindness by administration of Vitamin A, as indicated if there is Vitamin A deficiency.
4. Promotes eating of fruits and vegetables with high content of Vitamin A or its precursor.

**(5) UNDERNUTRITION:**

**Situation:** Undernutrition affects millions of our people. It contributes greatly to death at every stage and particularly death of infants and young children. It reduces resistance to diseases and undermines growth and development.

**Policy:** Our health care services will take special measures to promote better nutrition.

**Strategy:**

1. Takes up the cause for better distributive justice so that adequate food (quantity and quality) is available to all.
2. Monitors nutrition and growth, especially in children and pregnant mothers and takes steps to see that. where required, food supplements are made available.

3. Makes people aware of the need for better nutrition with low-cost food.

4. In hospitals with dietetics departments, promotes low-cost, nutritious diets, with locally cultivated items of food.

**(6) AIDS:**

**Situation:** AIDS is spreading fast. Once AIDS sets in, the mortality, at present, is 100%. AIDS has profound medical, health, moral, social and economic repercussions.

**Policy:** Our Institutions will give loving and compassionate care to all patients with AIDS. Prevention is the only way against AIDS at present. It calls for correction of permissive habits and sexual promiscuity and prevention of spread through blood and needles and attention to high risk groups.

**Strategy:**

1. Creates an awareness of the problem and educates people about AIDS.

2. Welcomes patients with AIDS; at the same time precautions will be taken so that the disease does not spread inadvertently among other patients or public or health personnel.

3. Orients people towards orderly sexual behaviour.

4. Promotes voluntary blood donation by healthy donors, after testing for Human Immuno-deficiency Virus and discourages professional donors.

5. Uses sterile needles and syringes and disposable ones to the extent necessary and possible.

6. Keeps close check of all blood products for statutory HIV test certificates.

7. Collaborates in the national programme against AIDS.

# 10. EMERGENCY SERVICES

## (1) ACCIDENTS:

**Situation:** Accidents rank among the ten highest causes of death. There is considerable disability in those who survive. Accidents are on the increase. Some Catholic hospitals are reluctant to take care of the victims of accidents because of fear of medicolegal complications.

Many of our health institutions are not prepared to manage patients with burns injury.

**Policy:** Our health care institutions will receive and manage victims of accidents, because considerable good can come if the patient is managed without delay. The parable of the good samaritan will always guide us.

Each hospital will have its own policy for handling medicolegal patients, depending on the facilities available.

Every hospital should be involved in the management of burns. In more severe burns, after resuscitation and first aid, the patient must be transferred to a burns centre, if there is one.

**Strategy:**

1. Receives victims of accidents who are managed as any other patient, with sympathy and understanding.
2. Keeps all records scrupulously.
3. If after giving first aid and other possible treatment, the patient requires further treatment, refers the patient to the nearest referral centre, if the time taken to reach there and get treatment is reasonable.

## (2) OTHER EMERGENCIES:

Our health care institutions are confronted everyday with emergencies — medical, surgical, obstetric, poisoning, snake

bites and others of all kind — calling for immediate attention and relief.

**Policy:** Emergency patients will be received with welcome, understanding the emotional aspects and urgency of the situation. What is possible will be done immediately. Where further treatment is needed and facilities are not available, the patient will be referred to places with such facilities.

**Strategy:**

1. Equips the facility to manage emergencies to the extent possible under the constraints of resources.
2. Welcomes the patient needing emergent care.
3. Provides the treatment without delay and with loving care.
4. Refers to other health care facilities, as needed.

**(3) DISASTER RELIEF:**

Calamities may strike at any time. These may be natural or man made.

**Policy:** Our hospitals and health care workers will be conscious of the possibility of disaster striking at any time. We will be prepared to face such disasters.

**Strategy:**

1. Establishes a network between hospitals, health centres and other agencies to provide immediate relief to a defined geographical area.
2. Has a pool of volunteers who are trained to deal with problems created by disaster.
3. Keeps ready equipment, medicines and other emergency materials for use when needed. These will be inspected periodically and updated.

4. Gives training in first aid and cardiopulmonary resuscitation and other skills for emergency care to all personnel in the hospital and others; the skills are reinforced priodically.

5. Makes survey of the geographical area around the hospital/centre, as to possible health hazards of a serious nature and takes steps to prevent or reduce the hazards.

# 11. SPECIAL GROUPS

**Introduction:** There are many special groups who require greater attention and health care.

## (1) MOTHERS:

Pregnancy produces special needs. Pregnancy-related problems and complications can bring on death and disease. Maternal mortality rate is unacceptably high.

**Policy:** The special physiological and psychological needs in the process of human growth will be met. Special attention will be paid to the mother before, during and after the birth of the child.

**Strategy:**

1. Provides for ante-natal health check-ups, monitoring, advice and support.
2. Trains sufficient number of persons at appropriate levels of competence to conduct the deliveries at home, health centres or hospital.
3. Immunises all pregnant women against tetanus.
4. Gives iron and folic acid to mothers who are anaemic.
5. Gives health and nutrition education and also supplementary food where indicated.
6. Is liberal in granting maternity leave and benefits.

## (2) INFANTS:

Infant mortality rate is very high. There is also great disparity from state to state and within states. It is necessary to bring down neonatal and infant mortality rates.

**Policy:** The newborn and infants will get special care.

**Strategy:**

1. Promotes breast feeding from the very beginning. The child will be put to breast at the earliest after delivery. It will be continued for 9 to 12 months or longer.
2. Reduces mother-child separation to the minimum in infancy.
3. Advises mothers to give home-prepared foods, when supplementary foods become necessary after 4 months.
4. Discourages artificial manufactured baby foods.

**(3) ELDERLY:**

The elderly have special needs. There is increased risk of disease in older people. With age, psychological problems also come up. There is feeling of loneliness and isolation. The number of elderly is steadily increasing.

**Policy:** Our health care apostolate will increasingly get involved in the care of the elderly, Medication will be given only where needed.

**Strategy:**

1. Encourages the establishment of geriatric facilities.
2. When medications are prescribed, explains carefully to avoid confusion.
3. Attends to the psychological and social needs.

# 12. REHABILITATION

**Situation:** There are about 80 million disabled persons in our country; about 8 million are severely handicapped, whether it be locomotor disability, impaired vision or communication (deaf and dumb), or mental retardation or illness.

**Policy:** We will give special attention to the disabled. Christ healed many a disabled — the lame, the deaf, the blind and the mentally affected and we will follow His example.

**Strategy:**

1. Helps the disabled to make maximum use of their abilities.
2. Makes available guidance, services and aids and appliances for the disabled to move around and communicate more freely.
3. Provides training facilities to overcome the disabilities.
4. Helps in finding employment for persons with disabilities to the extent possible.
5. Exercises care to build hospitals and other institutions and transport systems such as to give better access to the disabled.
6. Has facilities to care for the disabled, who cannot manage otherwise.

# 13. WOMEN'S HEALTH

**Situation:** Women suffer from a far greater share of ill health. Women have a low status and work long hours. They are underpaid. Those who work outside the home carry the burden of household work also.

Women are mostly illiterate and lack health education. Yet, women are often the health providers in the family. They are often subject to family violence and atrocities in the society.

The girl child is neglected even by parents.

**Policy:** Recognising the pivotal role of women in providing holistic health care to the members of the family, our health care services will take all possible steps to enable women to be more healthy and effective health care providers.

**Strategy:**

1. Ensures better nutrition to the growing girl and helps in eradicating illiteracy among girls.
2. Trains girls and women in home remedies and in self-care as part of primary health care for the family.
3. Creates fertility awareness and knowledgeable in reproductive health.
4. Campaigns against girl marriage and illtreatment of girls and women.
5. Meets the special health needs of women and takes action to prevent disease to which women are prone.
6. Provides health education for women, especially in the outreaches.

# 14. WOMEN IN HEALTH CARE

**Situation:** A large number of women are involved in health care, whether it be as nurses, multipurpose workers, community health workers, doctors, hospital aides or others. Sometimes there are threats to their safety, especially when living and working in remote areas.

**Policy:** The Catholic Health Care Apostolate will take all necessary steps to ensure the safety of the person of women.

**Strategy:**

1. Creates a milieu for greater respect for women.
2. Gives due respect and importance to the work and person of the nurses and other women engaged in health, care.
3. Takes all steps to ensure the safety of nurses and other female workers in health care, wherever they may be.
4. Does not discriminate against women staff in the matter of wages and other facilities.

## 15. RESPONSIBLE PARENTHOOD

Parents have the right and duty to bring up children so that they develop fully their potentials. Parents must responsibly decide on the number of children they can support through their formative years.

**Policy:** The health care services recognise the need for family welfare. It may necessitate the limitation of the size of the family. This will be achieved through natural methods of family planning.

**Strategy:**

1. Advocates natural family planning and guides couples needing it.
2. Establishes counselling or teaching centres for natural family planning.
3. Does not allow artificial methods of family planning, as they have medical, psychological and moral adverse effects.
4. Encourages married couples to become trainers in Natural Family Planning.
5. Helps in the conduct of research on Natural Family Planning in our cultural and social situation.

# 16. COMMUNICATION

A major problem in achieving health by the people is that of communicating effectively. Health education and patient education need effective communication. One barrier is language. A problem in Catholic hospitals and health centres is that many of the health personnel are not proficient in the local language of other regions.

It is also necessary to have effective communication between the different personnel working in the health care institutions.

**Policy:** The personnel engaged in the Catholic Health Care Apostolate will be proficient in the use of language to communicate effectively. Non-verbal methods of communication will be used when there are language barriers or when they are more effective.

Communication between persons working at all levels will be fostered as a key ingredient for effective group effort. Misunderstandings will be avoided by improved communication with patients and their families who do not have medical and health background. We believe it is our duty to listen to them carefully.

**Strategy:**

1. Uses every opportunity to promote health education, healthy life styles and values in health care, by appropriate technology for delivering health messages, such as posters, puppetry and drama.
2. Makes personnel working in an area proficient in the use of the local language. Classes will be arranged for conversational language, with appropriate medical terms.
3. Involves local people.
4. Uses sign boards, in local language. They may also be in English/Hindi, for the sake of people from outside. Art signs will be used for the benefit of illiterate.

5. All personnel receive instructions in the need to communicate well; all personnel will be requested to ensure that the patients and others understand the message.

6. Encourages health personnel to be active listeners (to other health personnel, patients and public).

# 17. INTERPERSONAL RELATIONSHIPS

**Situation:** A key to better health and patient care is improved relationships among the various health care personnel and between them and the patients and the public.

**Policy:** Recognising the importance of working as a team, our health care services will give great attention to the building of good interpersonal relationships and teamwork in the institutions and the community.

**Strategy:**

1. Fosters team spirit, to work together as therapeutic, investigative and supportive teams.
2. Brings about attitudinal changes, by periodical training, to cultivate the qualities of good interpersonal relationships.
3. Understands the emotional and other needs of the people seeking care and responding to them with empathy.

# 18. RATIONAL USE OF MEDICINAL DRUGS

There is irrational use of drugs in many hospitals and dispensaries and by the people, due to a variety of reasons. Useless, hazardous or unnecessarily costly drugs are often used.

**Policy:** Catholic hospitals, health centres and dispensaries will follow rational drug policy. They will promote the use of effective drugs of good quality. Cost factor will always be kept in mind.

**Strategy:**

1. Uses the available hospital formulary if suitable or prepares an appropriate formulary for the particular health facility.
2. Constitutes a drugs and therapeutics committee to ensure rational use of drugs, where applicable.
3. Creates awareness among all health personnel of the need for rational drug therapy.
4. Stocks and dispenses only drugs included in the formulary.
5. Uses drugs listed by generic names; does not use any banned or useless or hazardous drugs.
6. Purchases drugs depending on quality; if quality is assured, the less costly drug will be purchased.
7. Discourages unethical promotion of drugs by drug companies.
8. Observes all principles of materials management.
9. Discourages poly-pharmacy.
10. Monitors adverse drug reactions and takes appropriate action.
11. Promotes non-drug therapies and simple home remedies.

# 19. ALTERNATIVE MEDICINE

**Situation:** We have a wealth of traditional systems of medicine in Ayurveda, Unani and Siddha. Homeopathy is well-accepted. Other systems include naturopathy, acupuncture and acupressure. There are many effective home and herbal remedies. There are some health practices such as Yoga.

**Policy:** Our health care facilities will utilise optimally the different systems of medicine and health practices. Effective herbal remedies and non-drug therapies will be promoted.

**Strategy:**

1. Has an open mind to the use of alternative systems of medicine and health practices and uses them wherever they are effective and beneficial.
2. Encourages the use of simple home, folk and herbal remedies.
3. Makes use of the training facilities in the optional use of alternative medicine.

# 20. RATIONAL USE OF TECHNOLOGY

**Situation:** A major issue today is the proper use of technology. The cost of newer technologies is escalating. People are unable to afford the cost. Often unnecessary investigations and therapeutic procedures are carried out, because the equipment is available or the costly gadget must be made "viable". The benefits of sophisticated technologies often go to very small, privileged groups using up a large proportion of the resources.

**Policy:** Catholic health care institutions will use technology which is relevant, appropriate and cost-effective. Unnecessary testing will be avoided. Simple interventions will be used to the extent possible. Expensive technologies will be used sparingly.

People will be encouraged in the use of appropriate technology.

**Strategy:**

1. Makes long-term decisions on the use of technology.
2. Selects technology which is appropriate for the level of care and has the necessary diagnostic and therapeutic usefulness and improves the health outcome.
3. Before buying equipment, considers economic implications; cost; benefit ratio as also the cost-effectiveness.
4. Organises a system of concurrent audit to ensure that available technologies are not overused, underused or misused. Unnecessary use of technology is discouraged.
5. Encourages and trains people in the use of appropriate technologies for diagnosis and treatment and preservation of health.
6. Gives attention to the proper maintenance and upkeep of equipment.

# 21. ADDICTIONS

Additions are on the increase, destroying individuals and families.

## (1) ALCOHOLISM:

**Situation:** The use of liquor is increasing, affecting the health of the people and disrupting families.

**Policy:** Use of alcohol will be discouraged.

**Strategy:**

1. Conducts awareness programmes of the ill effects of alcohol.
2. Has de-addiction centres, if possible.
3. Promotes counselling, involiving family members also.
4. Discourages promotion linkages with the alcohol industry.

## (2) SMOKING:

**Situation:** Smoking causes many serious diseases affecting lungs, heart and other organs.

**Policy:** Smoking will be discouraged.

**Strategy:**

1. Prohibits smoking within the premises of the hospital, dispensary or health centre.
2. Conducts awareness programmes of the adverse effects of smoking on health.
3. Discourages promotional linkages with tobacco companies.

## (3) DRUGS:

Drug abuse has been destroying the life of many people, especially the youth.

**Policy:** The Catholic health care apostolate will deal with sympathy and understanding the problems of drug abuse. They will make the youth aware of the dangers of drug abuse and campaign for action to prevent the availability of addiction-forming drugs and their abuse.

**Strategy:**

1. Conducts campaigns to create awareness of the dangers of drug abuse in all sections of the people, and especially among the youth and decision-makers.
2. Undertakes weaning off addicts from drug abuse, with sympathy and understanding.
3. Has a strict monitoring policy in the prescription and use of addiction producing drugs in medical care.
4. Undertakes rehabilitation, if possible.

# 22. CARE OF THE TERMINALLY ILL

**Definition:** Terminal care gives added quality to the life remaining when the professional treatment with drugs, surgery, radiotherapy and other procedures becomes of no use in arresting the progress of disease and death is imminent.

**Policy:** The Catholic health care takes a positive attitude to death, placing our trust in the Lord and helping the patient (and the near and dear ones) place his or her trust in the Lord. We try to make the patient as comfortable as possible, till the moment of death, refraining from unnecessary, and useless extra ordinary interventions, which only tend to prolong dying.

We believe that, at the time of death, the near and dear ones need considerable psychological and spiritual support.

**Strategy:**

1. Makes the patient as comfortable as possible.
2. Relieves pain and other symptoms like difficulty in breathing by appropriate measures.
3. Provides all facilities for the performance of the rites for the person on the threshold of death. In the case of patient belonging to other faiths, makes it possible for them to meet their spiritual needs.
4. Ensures that someone with sympathy is present at the moment of death to help the bereaved.
5. Helps in the preparation of the body, with respect and dignity.

# 23. ETHICS

**Situation:** Many medicosocial and medicomoral issues arise. The ethical issues are on the increase with advances in science and technology, especially the reproductive technologies. The church can call upon relevant organisations and others to reflect and suggest acceptable solutions.

The ethical problems may be related to patient care and relationships, be connected with the beginning and end of life or involve distributive justice and equity in health.

Some of the issues are dealt with separately.

## (1) NEGLIGENCE:

**Definition:** Negligence is a breach of duty of care, when deciding on the lines of diagnosis and treatment or on administering the treatment. The standard of care cannot fall below an acceptable level.

**Policy:** The health care facilities will ensure that acceptable standards of care are exercised by all the health workers. There will be no breach of care.

**Strategy:**

1. Accepts patients for care, provided facilities are available for such care.
2. Decides on the lines of diagnosis and treatment, which are of the accepted standard.
3. Administers the treatment with care and competence.
4. In case of emergencies, if facilites for specific treatment are not available, gives immediate emergency care and then refers the patient to other centres with such facilities.

## (2) INFORMED CONSENT:

**Definition:** Before any procedure is carried out on the patient, consent of the patient (guardian in the case of children or

the incompetent) must be obtained; adequate information must be given to enable the patient to make a decision.

**Policy:** We believe that the patient has a right to decide what shall be done to him or to her, especially when the condition is not life-threatening. To enable the patient to exercise that right, we will give adequate information.

**Strategy:**

1. Gives truthful information tactfully, adequate to make a decision depending on the situation.
2. In the case of children and other persons unable to give "informed" consent, explains the situation to the parent/ guardian and obtains consent.
3. Documents the patient's decision, to prevent future complications.

**(3) CONFIDENTIALITY:**

The individual has the right to determine how, when and to what extent information about self can be released to another person. Confidentiality is the patient's right to informational privacy.

**Policy:** Health care facilities will keep personal matters in their knowledge, which are not to be divulged, strictly confidential.

**Strategy:**

1. Binds all staff in the hospital to confidentiality about the patients in their care.
2. Prevents gossip about the patients.
3. Takes care not to leave notes and patient records on the table or elsewhere, where unauthorized persons can get them.
4. Discloses information only to those to whom the institution is bound to disclose it and on orders of the court.

# 24. RIGHT TO LIFE

## (1) SANCTITY OF LIFE

Human life is inviolable. It has sanctity. No one can take away an innocent life.

**Policy:** We believe that every person has the fundamental right to life from the moment of conception till life's natural end in this world. We believe that God alone has sovereign dominion over human life.

**Strategy:**

1. Respects human life from the moment of conception till death.
2. Does not carry out or allow or advise any procedure which violates human life.
3. Defends and promotes the right to life.

## (2) ABORTION:

**Situation:** The Indian law allows abortion, "If the continuance of pregnancy would involve a risk to the life of the pregnant woman or grave injury to her physical or mental health". There are situations where the mother may not want to go through pregnancy (like unwed mother or pregnancy resulting from rape).

**Policy:** The Catholic health care values the sanctity of life and respects the right of the unborn child. Any action which violates that right is unacceptable. We view with sympathy the situation of mothers who are caught up in such situations of rape or unwed state and will do everything possible to help them.

**Strategy:**

1. Advises the mother to go through pregnancy and gives them the necessary support, especially, psychological and social.

2. Helps the mother to bring up the child.
3. Where the mother does not want to or is unable to bring up the child, places the child in suitable foster home.

### (3) EUTHANASIA:

**Definition:** Euthanasia means the ending of life, when the person does not want to live any longer. In active euthanasia, the doctor/nurse/similar person administers a lethal agent with the intention of causing death. In passive euthanasia, the doctor/nurse/other person stands by "passively" without even ordinary interventions, thereby bringing about death.

**Policy:** Our health care institutions are against any form of euthanasia because it is against life. However, there is no need to unnecessarily prolong the process of dying by resorting to extraordinary measures.

**Strategy:**

1. Irrespective of the situation, the health care institution does not allow euthanasia.
2. Takes all measures to reduce pain and suffering and to make the patient as comfortable as possible.
3. Avoids needlessly troublesome efforts to prolong life.

# 25. RIGHT TO HEALTH

**Situation:** Large sections of our people are deprived of health and healthful living conditions.

**Policy:** We believe that everyone, irrespective of any other consideration, has a right to health. Health for all will be our concern.

**Strategy:**

1. Ensures that the basic minimum health care is provided for all, irrespective of the capacity to pay.
2. Works for distributive justice in health care.
3. Does not discriminate between persons in providing the needed care.
4. Reflects on the "preferential option for the poor" and takes steps to achieve it to a greater degree.
5. Is particularly careful in the approach to poor patients so that human dignity is upheld at all times.

## 26. a. GOVERNANCE

The management of the health care facility must reflect justice and fairness in all dealings.

**Policy:** The governance of the health care institution must be such as to give confidence to people who participate in giving and receiving health care. It must ensure that the guiding principles of compassion, love and justice are followed.

**Strategy:**

1. Has a govering body with the representatives from the trustees or members of the Society/Congregation and from outside the institution. The members from outside may be selected from among knowledgeable people with concern for the health of people. The number of such persons should be sufficiently large, so that their voice is heard.
2. Keeps in view that the members of the Governing Body are stewards of resources placed with them to be used efficiently and with compassion for better health of the people. There has to be accountability.
3. Controls the financial situation such that the institution is not dependent but is self-sustaining to the extent possible.
4. Builds up a continuous feed back system from all patients to keep the institution patient-centred.
5. Has an advisory committee with members from the public drawn from different areas of service such as medicine, nursing, sociology, teaching, law, etc.

## b. ADMINISTRATION

There is need for good administration to achieve the objectives of good patient care and the health of the people. Many of the Catholic health care institutions are administered by committed but untrained personnel.

**Policy:** The Catholic Health Care Apostolate recognises human dignity and rejects all forms of discrimination. It promotes reconciliation and peace. There is need for quality service irrespective of class or creed or social or economic status. The health care institution welcomes the participation of all personnel in administration at appropriate levels.

The Personnel in administrative will be better trained.

**Strategy:**

1. Conducts the health care institution according to the policies and objectives laid down and makes them known to the staff and the public.
2. Makes use of the training facilities for health care administration available, especially, the Catholic institutions.
3. Frames rules and regulations for the benefit of the patients and the public and for better functioning of the health care institution.
4. Applies the rules and regulations with understanding and sympathy.
5. Involves the personnel at various levels of administration, such as membership of committees and welcomes suggestions for improvement.
6. Recognises the need to have forums for discussions on issues and promotes participatory decision-making.
7. Keeps the administration structures constantly under review.

# 27. RESEARCH

**Situation:** Most of our health care facilities cannot be expected to carry out research of a fundamental nature. But many can carry out applied, community based and sociological research.

**Policy:** The health care facility will encourage research of the type and extent possible within their constraints. They will evolve practical, cost-effective ways of applying advances in knowledge, skills and attitude in health and health care services. They will also evolve mechanisms of better communications locally between health workers and also between health workers and the people.

**Strategy:**

1. Encourages community based, sociological and health services research.
2. In the large institution sets up committees to foster research.
3. Has ethical committee to see that ethical norms are observed in research, especially on human experimentation (drugs, procedures, etc.).
4. Promotes data collection and the use of the data for better patient care.

# 28. LOCATION OF HEALTH CARE SERVICES

**Situation:** More than 50% of the health care facilities under catholic auspices are located in the four southern states, for historical reasons. The health care facilities by the Government and other agencies are also better developed in these states. The health indices are better in these areas.

**Policy:** While re-orienting the existing health care facilities, high priority will be given to locate future institutions and facilities in poorly served states and areas.

**Strategy:**

1. Before deciding to start a new facility, makes a survey of the existing facilities in the area.
2. Avoids areas where health care facilities are relatively better.
3. Considers the needs of underserved areas.
4. Locates the newer health care institutions in places where the need is great.
5. Gives priority to small health care facilities close to the people.

# 29. LINKAGES

**Situation:** Many of our health care facilities tend to function in isolation.

**Policy:** Our health care facilities will develop linkages with other health care facilities, governmental and non-governmental in the area.

We will develop intersectoral co-ordination, with educational, developmental and other sectors to promote health.

At the national level, we will work with other national organisations, with similar objectives.

**Strategy:**

1. Collaborates with governmental and non-governmental health care facilities in the area, forming a network for mutual support for better health care. Prevents avoidable duplication.
2. Where there are other voluntary not-for-profit health care facilities in the same city/town, forms associations with such organisations for more effective health care.
3. Works with other agencies in campaigns for better health and the national health programmes.
4. Sensitizes non-health voluntary agencies on health issues.
5. Promotes education about issues in health in schools and colleges and non-formal educational programmes. Involves teachers at various levels as health educators.
6. Encourages forums like mahila mandals, youth groups, farmers clubs etc., to reflect on health issues in the context of development and take appropriate action.
7. At the national level, develops linkages with other national organisations to help people improve their health.

# 30. HEALTH CARE IN OTHER INSTITUTIONS

**Situation:** Health care provided by the Catholic Health Care Facilities is only a part (though significant) of the health care services available in the country. Catholics and non-catholics seek and get services in other health care facilities.

**Policy:** The Catholic Church will provide care and services (sacraments to Catholics and spiritual help to all who need them), wherever the patient may be.

**Strategy:**

1. Provides for the sacramental needs of Catholic patients and staff in non-Catholic health care institutions also, through the local church (parishes).
2. Meets the spiritual needs of all persons who request for help, whenever and wherever required, of all patients, through special arrangements, depending on the location.
3. Responds positively to requests from other agencies, especially governmental, for the services of priests and religious.

# 31. PARISHES

**Definition:** A parish is a basic community in the geographical neighbourhood who may belonging to different faiths.

**Policy:** Health care activities will be organised in each geographical parish area, enlisting all available resources and collaborating with other agencies including Governmental.

**Strategy:**

1. Mobilises the resources of the parish for community health in the entire geographical area.
2. Participates in all developmental programmes which may have direct or indirect influences on health.
3. Forms a health committee for each parish, with participation of different groups of people, and especially women.
4. Constitutes a volunteer force including health professionals and workers, teachers students and women.
5. Network with other parishes in the diocese for exchange of ideas, evaluation and support.

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